PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance of the control of the Patent, advance of the control of th	orders and notification of n (a) specifying a new corres	naintenance fees w pondence address;	ill be mailed to the and/or (b) indicatin	current cong a separa	orrespondence address as ite "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
32425		/2010		Cert	ificate of Mailing o	r Transm	ission	
600 CONGRES SUITE 2400		L.P.	I he State addr trans	reby certify that this es Postal Service we essed to the Mail smitted to the USPT	s Fee(s) Transmittal ith sufficient postag Stop ISSUE FEE O (571) 273-2885,	is being of e for first address al on the date	deposited with the United class mail in an envelope bove, or being facsimite e indicated below.	
AUSTIN, TX 78	3701		Ī	avid D. E	Bahler		(Depositor's name)	
				1			(Signature)	
			F	ebruary 1	.5, 2011		(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/576,636	10/576,636 03/12/2007		Christer Sinderby		BRKP:021US		5708	
TITLE OF INVENTION	: COMBINED POSITIV	'E AND NEGATIVE PE	RESSURE ASSIST VENTII	ATION .				
	•							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE	E(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$183	10	03/08/2011	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS					
OSTRUP, CLINTON T 3771			128-202130					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	e)				
PLEASE NOTE: Uni	ess an assignee is identi h in 37 CFR 3.11. Comp	ified below, no assigned detion of this form is NO	e data will appear on the pa OT a substitute for filing an	itent. If an assigne issignment.	e is identified below	w, the doc	ument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Maquet Critical Care AB Solna, Sweden								
Please check the appropr	iate assignee category or	categories (will not be p	orinted on the patent):	Individual 🖾 Cor	poration or other pr	rivate group	p entity Government	
	are submitted: fo small entity discount p f of Copies	permitted)	A check is enclosed. Payment by credit care	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1212 (enclose an extra copy of this form).				
	tus (from status indicated		n					
	s SMALL ENTITY statu		b. Applicant is no long	- -				
NOTE: The Issue Fee and interest as shown by the	ecords of the United Sta	tes Patent and Trademar	ed from anyone other than the k Office.	e applicant; a regis	tered attorney or ag	ent; or me	assignee or other party in	
Authorized Signature	Th			Date Fe	bruary 15,	2011		
Typed or printed name David D. Bahler				Registration No. 30,932				
This collection of inform an application. Confident submitting the completed	ation is required by 37 C tiality is governed by 35 I application form to the	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var	ion is required to obtain or not a like to the like to	etain a benefit by th imated to take 12 m idual case. Any cor	e public which is to inutes to complete, nments on the amou	file (and b including unt of time	y the USPTO to process) gathering, preparing, and you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.